

**KENTUCKY LICENSING BOARD FOR SPECIALISTS IN HEARING INSTRUMENTS**

P. O. Box 1360

**Frankfort, KY 40602**

(502) 564-3296 ext. 227

<http://his.ky.gov>

**Your Hearing Instrument Specialist license as indicated above will *expire on January 30, 2014*.** Under the provisions of KRS 334.110, each Hearing Instrument Specialist shall renew his/her license on January 30th of each year, and shall pay the Board a renewal fee as set out above. Therefore, if you desire to renew for the next year, return this application together with:

- ☐ **\$200.00** renewal fee (check or money order payable to **Kentucky State Treasurer - DO NOT SEND CASH**)
- ☐ **a certificate of calibration dated within the last twelve (12) months**
- ☐ **evidence of obtaining at least 10 clock hours of approved continuing education**
- ☐ **a copy of your sales contract**
- ☐ **a copy of your delivery statement.**

**PLEASE NOTE: If we do not receive all of the requested materials with your renewal form, it will be returned.**

**ALL RENEWAL INFORMATION MUST BE RECEIVED PRIOR TO, OR POSTMARKED NO LATER THAN, JANUARY 30TH.**

**APPLICATIONS MAILED AFTER JANUARY 30<sup>TH</sup> AND POSTMARKED ON OR BEFORE MARCH 2<sup>ND</sup> WILL REQUIRE A RENEWAL FEE OF \$250.00.**

**APPLICATIONS POSTMARKED AFTER MARCH 2<sup>ND</sup> SHALL REQUIRE A RENEWAL FEE OF \$300.00.**

**PLEASE COMPLETE THE FOLLOWING:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

2. Present business name and address:

Business Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_

4. Have you been convicted of a misdemeanor or felony since last date of renewal: ☐ No ☐ Yes If yes, what offense and provide details and disposition.

5. CONTINUING EDUCATION: 201 KAR 7:075 requires each licensee to obtain a minimum of ten (10) continuing education hours in order to renew his/her license. **At least five (5) of those hours must be from the approved list indicated in 201 KAR 7:075 Section 3 1(a).**

***I do hereby affirm to the best of my knowledge and belief, that I have conducted my responsibilities as a hearing instrument specialist in a manner consistent with the provisions of KRS 334 and the regulations promulgated thereunder by the Kentucky Licensing Board for Specialists in Hearing Instruments.***

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_